

**APPLICATION**

**1. Location:** MILLENNIUM NAIL & DAY SPAS  
1817 THOMASVILLE ROAD SUITE 230 TALLAHASSEE, FLORIDA 32303  
3427 BANNERMAN RD SUITE 201 TALLAHASSEE, FLORIDA 32312  
*\*PLEASE SUBMIT THIS APPLICATION IN PERSON ONE OF THE ABOVE ADDRESSES\**

It is the policy of MILLENNIUM NAIL & DAY SPAS to provide equal employment and contract opportunities to all applicants without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. Who should be contacted if you are involved in an emergency?  
Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

4. Job Position Applied For: \_\_\_\_\_ Salary Desired \$: \_\_\_\_\_ per \_\_\_\_\_

5. Referral Source: Who referred you to our company?  
\_\_\_\_\_

6. Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

7. Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. How will you get to work? \_\_\_\_\_

9. Driver's License Number: \_\_\_\_\_ State of Issue \_\_\_\_\_

10. Are you willing to work any shift, including nights and weekends? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If no, please state any limitations:  
\_\_\_\_\_

11. If you are offered employment/contract, when would you be available to begin work? \_\_\_\_\_

12. Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

13. Are you able to perform the essential functions of the job position with or without reasonable accommodation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you require?  
\_\_\_\_\_

15. Applicant Work History: List your current or most recent employment first.

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Dates of Employment (Month/Year): \_\_\_\_\_

16. Applicant's Education and Training: List your education and training.

High School Name and Address

\_\_\_\_\_  
Last Grade? \_\_\_ 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12      Diploma? \_\_\_ Yes \_\_\_ No

College Name and Address

\_\_\_\_\_  
Did you receive a degree? \_\_\_ Yes \_\_\_ No      If yes, degree received: \_\_\_\_\_

Other Training (graduate, technical, vocational): \_\_\_\_\_

Awards, Honors, Special Achievements: \_\_\_\_\_

17. Applicant's Skills: List any skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Ability or Rating				
		1	2	3	4	5
_____	_____					
_____	_____					

18. References: List any two people who would be willing to provide a reference for you.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

19. Please provide any other information that you believe should be considered:

### CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application. I authorize MILLENNIUM NAIL & DAY SPAS to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment or contract relationship is created, I understand that unless I am offered a specific written independent contract or contract of employment signed on behalf of the organization by its owner, and the contractor or employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the contract or employment relationship when I choose and for reasons of my choice. Similarly, Millennium would have the same right. Moreover, no agent, representative, or employee of MILLENNIUM NAIL & DAY SPAS, except in a specific written contract of employment signed on behalf of the organization by its owner has the power to alter or vary the voluntary nature of the contract or employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE